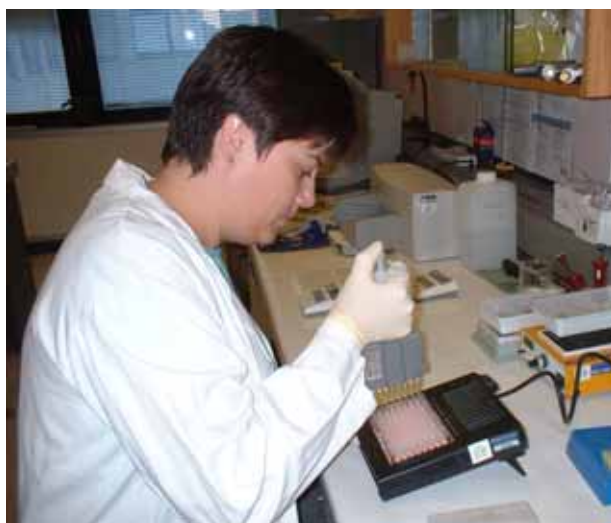


## Working towards a breakthrough

Biomedical research requires serious funding. But it is expensive: one medium-sized clinical trial can cost £300,000, while a major program of research can last 5 years and cost £1 to 2 million. So, big money is needed to unravel the causes and find cures for ME/CFS.

Our priority is to support innovative clinical and biomedical studies, based in established research institutions, investigating the causes of ME/CFS and the effectiveness of potential treatments. All our grants are competitive and are subject to peer review, being rigorously assessed prior to award and subsequent to completion.



To continue building on our success, we have a range of new initiatives we would like to fund, as we are keen to expand our range of biomedical research projects to include centres of research excellence around the globe. Your pledge, together with those of our other generous supporters and sponsors, to give a regular donation each month can help us to commit to new projects and see them through to completion. You are our best hope of making the medical and scientific breakthrough in ME/CFS we all want to see.

## How to help us make a breakthrough



- ① Decide how much you would like to give every month, and fill in the panel below.
- ② Fill in your name, address and other contact details.
- ③ By ticking the Gift Aid box you can increase the value of your gift at no extra cost to you.
- ④ Complete the Standing Order instructions below to your Bank or Building Society.

Then send this form to:  
**The Administrator, ME Research UK,  
 The Gateway, North Methven Street,  
 Perth PH1 5PP, UK  
 (Tel: 01738 451234, Charity no: SC036942)**

- ①  I would like to make a regular gift of £ \_\_\_\_\_ a month (enter your preferred amount)
- I want to make a one-off donation of £ \_\_\_\_\_

- ② Mr/Mrs/Ms/Miss (delete as appropriate)  
 Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 \_\_\_\_\_ Postcode \_\_\_\_\_  
 Telephone \_\_\_\_\_  
 E-mail \_\_\_\_\_

- ③  I would like to make this and any future donations to ME Research UK qualify for Gift Aid until I notify you otherwise. (Gift Aid allows us to reclaim the tax that you have already paid on your gifts at no extra cost to you. You must pay an amount of income or capital gains tax equal to the tax we reclaim on your donations in that financial year.)

### ④ Instruction to your Bank or Building Society to pay by Standing Order

To The Manager \_\_\_\_\_ Bank/Building Society  
 Address \_\_\_\_\_  
 Postcode \_\_\_\_\_ Preferred monthly payment date \_\_\_\_\_  
 Name(s) of account holder(s) \_\_\_\_\_  
 Branch Sort Code \_\_\_\_\_ Account Number \_\_\_\_\_

#### Instruction to your Bank or Building Society

Please arrange to debit my/our account with the sum of £ \_\_\_\_\_ on the \_\_\_\_\_ day of each month, until further notice. Starting on \_\_\_\_\_.

Pay to: Clydesdale Bank, 23 South Methven Street, Perth PH1 5PQ, UK.  
 Account: ME Research UK, Account number: 50419466, Branch code: 82-67-09.

Signature(s) \_\_\_\_\_ Date \_\_\_\_\_



# Help us make the breakthrough



## What is ME?

Myalgic encephalomyelitis (ME) is a potentially chronic illness characterised by profound, generalised post-exertional loss of muscle power (fatigability); muscle pain that may include tenderness and swelling; and a range of neurological or cognitive symptoms. Patients are also prone to relapses which may take the form of recurrences of the original systemic illness, or fresh episodes of muscular or other symptoms. Unlike the "tiredness" experienced by healthy people, the fatigue which is experienced by ME patients happens after quite moderate exercise, and is often delayed for hours or days. ME is classified by the World Health Organisation as a neurological illness.

## What is the cause?

The cause of ME is still unknown, but there is unlikely to be a single causative agent. Several past epidemics appear to have been triggered by an outbreak of an infection which then subsided, and still today many patients report an infectious onset to their illness. However, some people report a variety of contributing factors (including infectious, traumatic, environmental, etc.), all of which can lead to a condition which shares a set of common symptoms.

## Why use the term ME/CFS?

During the 1990s, the term Chronic Fatigue Syndrome (CFS) came into use. As there was no specific diagnostic test for ME, and since post-exercise fatigue was one of its prominent symptoms, people with ME began to be diagnosed with CFS. It is increasingly recognised, however, that the diagnosis CFS is so wide-ranging that it can contain a variety of patients with different illnesses. Until this unsatisfactory situation is resolved, and CFS "unpacked" so that specific patient groups (including those with ME) can get the specialised treatment they need, the term ME/CFS is used by charities and healthcare professionals alike.

*A report to the Chief Medical Officer of England in 2002 stated that ME/CFS "is a genuine illness and imposes a substantial burden on the health of the UK population. Improvement of health and social care for people affected by the condition is an urgent challenge."*

## Living with ME/CFS

The evidence across many studies is that between 120,000 and 240,000 people in the UK have ME/CFS, a prevalence higher than HIV infection or multiple sclerosis. It is twice as commonly reported in women as men. Studies indicate that most people with ME/CFS are unable to work to full capacity, and that a significant number (from 10 to 25%) are effectively house or bed-bound. Despite early reports about "Yuppie Flu", it is now known that ME/CFS affects all social groups and all ages, including children. The course of the illness can be extremely variable; some people improve quite quickly, while many others develop stable chronic illness or experience a severe and debilitating downward course over many years.



*"ME is a substantial medical and social problem, yet relatively little biomedical research has been conducted into its causes and consequences — we need to change this."*

Dr Vance Spence, Chairman of ME Research UK

## Help us make a breakthrough in ME/CFS

The primary aim of ME Research UK is to fund biomedical research into ME/CFS, to find its cause, to develop effective treatments and ultimately to discover a cure. We fund the work of a growing number of scientists in the UK and worldwide, whose research covers several different areas of interest. To date we have invested over half a million pounds to support biomedical research, and some of the funded projects are shown below. Full details of these and other projects, including the resulting scientific papers, can be found on our website: [www.mereseearch.org.uk](http://www.mereseearch.org.uk).

### Evaluation of pain and therapeutic interventions

Dr Lorna Paul, School of Health and Social Care, Glasgow Caledonian University

### Autonomic nervous system dysfunction – a clinical study

Prof. Julia Newton, School of Clinical Medical Sciences, University of Newcastle  
(with co-funding from the John Richardson Research Group and the Irish ME Trust)

### The effect of exercise on the immune and sensory systems

Dr Jo Nijs, Department of Human Physiology, Vrije Universiteit Brussel, Brussels, Belgium

### Non-invasive neuroimaging of the brain

Prof. BK Puri, MRC Clinical Sciences Centre, Imperial College London  
(with co-funding from ME Solutions and the MRC Clinical Sciences Centre)

### Plasma vitamin D status in ME/CFS

Dr Faisal Khan, Institute of Cardiovascular Research, University of Dundee

### Interleukin-6 and its receptors

Prof. Myra Nimmo, Department of Applied Physiology, University of Strathclyde, Glasgow

### Biochemical and blood flow aspects of ME/CFS in children

Dr Gwen Kennedy, Institute of Cardiovascular Research, University of Dundee  
(with co-funding from The Young ME Sufferers (TYMES) Trust and Search ME)

### Gene expression studies

Dr Jonathan Kerr, St George's Hospital, University of London  
(with co-funding from the Irish ME Trust)

### Exercise tolerance and post-exertional symptoms

Prof. Brian MacIntosh and Dr Eleanor Stein, University of Calgary, Alberta, Canada

